

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## FUNERAL DIRECTORS EXAMINING BOARD

### CERTIFICATION FROM ANOTHER STATE

**IMPORTANT:** TO BE COMPLETED BY THE STATE BOARD IN THE STATE WHERE YOU RECEIVED YOUR ORIGINAL OR CURRENT LICENSE.

We hereby certify that the following is a correct and true statement of the records of the State of \_\_\_\_\_ for the person named herein.

NOTE: If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

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NAME OF APPLICANT: \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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NAME OF COLLEGE OR UNIVERSITY ATTENDED: \_\_\_\_\_

ADDRESS OF COLLEGE OR UNIVERSITY: \_\_\_\_\_  
(No. & Street, City, State, Zip Code)

NAME OF MORTUARY SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS OF MORTUARY SCHOOL: \_\_\_\_\_  
(No. & Street, City, State, Zip Code)

DATE COMPLETED: \_\_\_\_\_

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LICENSED BY: ☐ EXEMPTION ☐ RECIPROCITY ☐ EXAMINATION

LICENSE(S) HELD	DATE ORIGINAL LICENSE ISSUED	DATE EXPIRES OR EXPIRED
_____	_____	_____
_____	_____	_____

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Has any license held by the person named herein ever been revoked, suspended, limited, cancelled or otherwise disciplined? ☐ Yes ☐ No (If yes, provide details on reverse side.)

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We further certify that the above named person has always had a good record as a funeral director in the state of \_\_\_\_\_ as far as our records show.

SEAL

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_